

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90054 005 ***150.00

DOCUMENT # P94000076924	
1. Entity Name RAFE INVESTMENTS, INC.	

Principal Place of Business 17101 SW 62 STREET SOUTHWEST RANCHES, FL 33331	Mailing Address 17101 SW 62 STREET SOUTHWEST RANCHES, FL 33331
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2. Principal Place of Business - No P.O. Box # 5330 SW 172 AVE	3. Mailing Address SAM
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Southwest Ranches	City & State Same
Zip 33331	Country USA
City & State Same	Country Same



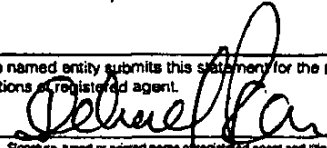
01082007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0531517	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent DE LA FE, JORGE 17101 SW 62 STREET SOUTHWEST RANCHES, FL 33331	
7. Name and Address of New Registered Agent Name: DEBORAH A RAMIREZ Street Address (P.O. Box Number is Not Acceptable): 5330 SW 172 AVE SOUTHWEST RANCHES City: FL Zip Code: 33331	

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE: **1-08-2007**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RAMIREZ, DEBORAH A 17101 SW 62ND ST SOUTHWEST RANCHES, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 